

Genealogy Research Request

FAX THE COMPLETED FORM TO 202 / 727-6076

Requestor Information

Name:		
Occupation:		
Business or Academic Affiliation:		
Mailing Address:		
Phone:	(Work)	(Home)
Fax:		

Preliminary Information

Please check one of the following:

- ☐ An Office of Public Records (OPR) archivist is requested to assist me with preliminary investigation on records in the holdings of the DC Archives that are related to my research project.
- ☐ An OPR Archivist is requested to conduct the research for me on records in the holdings of the DC Archives.

May OPR personnel discuss your research subject with other researchers?

☐ Yes ☐ No

May OPR personnel tell other researchers which records you have used?

☐ Yes ☐ No

Research Information

Please provide a brief description of your research. (If necessary, use the attached page to provide more information)

Records Information

Provide as much information as possible. (Use the attached page to provide information about additional records.)

Birth Certificate Parents Name: Birth Name: Date of Birth: Certificate No.:	Death Certificate Person's Name Date of Death Place of Death Certificate No.
Marriage License Groom's Name: Bride's Name: Date of Marriage: Filing Date: Certificate No.:	Wills & Probate Records Name Filing Date Box Number
Apprenticeship Records Name Apprenticeship No. Volume Page No. Date Recorded	Guardianship Records Minor Name Parent Name Guardian Name Birth Date Case No.